



Denver Public Schools
SIT Body of Evidence for Mathematics

To be completed by the Designated Consultant and the Classroom Teacher



Student Name: _____ Grade: _____ ID: _____ DOB: _____

Referring Person: _____ Date: _____

What is the problem? Please identify/attach all applicable data.

Math Standards Proficiency (U, PP, P, or A)

Number Sense: _____ Algebraic Thinking: _____ Data & Probability: _____ Geometry: _____ Measurement: _____ Computation: _____

Classroom Assessment data - Ongoing (anecdotal records, observations) Product (student work), Periodic (formal assessment, quizzes, unit tests):

State/District Assessment data (CSAP, DPS Benchmark, CBMs, etc.)

Progress Monitoring data:

Assessment Tool: _____

Outcome Goal: _____

Date/Data: ____/____/____ ____/____/____ ____/____/____ ____/____/____

Assessment Tool: _____

Outcome Goal: _____

Date/Data: ____/____/____ ____/____/____ ____/____/____ ____/____/____

Targeted Assessment data (if administered):

Area of Strength:

Most Significant Concern:

How does data compare to classroom peers?

Intervention Checklist:

Accommodations:

- ☐ Use of manipulatives
- ☐ Additional Time
- ☐ Frequent Checks
- ☐ Extended Practice
- ☐ Provided Resources
- ☐ Allow use of Calculator
- ☐ Frequent Feedback
- ☐ Break down Tasks
- ☐ _____

Research Based Interventions:

Name: _____

Duration: _____

Intensity: _____

Group Size: _____

Results: _____

Please attach (if appropriate):

- ☐ Evidence and outcomes of all accommodations
- ☐ Progress Monitoring Graphs
- ☐ Assessment Information
- ☐ Classroom Observations
- ☐ IC Data
- ☐ Work Samples
- ☐ Other Important Data